

Roseville Sports Center Pass Application Information/Waiver

First Name (Primary House	nold Member) Last I	Name			Date of Birth
Home Address	City		S	tate	Zip
() Home Phone	<u>(</u> v) Vork Phone			Male/Female
Email Address		_			
Enrolling Member's First Name	Enrolling Member's Last Name	DOB	Membership F	ass Type	Fee
The undersigned hereby relaction, damages, or costs for regarding said activity, exceofficers, agents and employ engaging in the activity for	PARTICIPANT'S WAIVER, RELEA eases the CITY, its' officers, agent or personal injury or property dan epting for such personal injury or rees. The undersigned acknowled which this form is submitted, and ad for up to 30 days per year for s	Parks, Recreation ASE, ASSUMPTIC its, and employed in age arising as a property damaging ges that he she is voluntarily and	n and Libraries Department of RISK AND INDEMN es from, and waives and result of participation in eas may arise directly our has been fully advised of the knowingly assumes the result of the result o	Initial: ITY AGREEMEN elinquishes any or receiving ins t of the active r the risks and positives of engaging	vit or claim, liability, cause of structions from the CITY negligence of the CITY, its' otential dangers incidental to g in the activity. The Roseville
	ment, you are agreeing to release may be caused by the negligence		and relieve the City of li	ability for perso	onal injury, wrongful death, o
participants for potential fut any lawful purpose, includin to the City's use of my/my p City and I acknowledge the O	erstand that the City of Roseville (Coure use. I hereby grant permission g for example such purposes as prarticipant's photograph and/or reconty's right to alter or edit any photograph have arising from the use of	n to the City to us int and online ac cording. I unders tographs and/or	se my or my participant's plentising. I understand that all photographs recordings at its discretion	photograph and at I will not be p and recordings n. I agree to rele	/or audio/video recording for paid or receive anything related will remain the property of the ease the City from any and all
Signature of Participant (if t	under18, Parent or Guardian)		Dai	te	
□ EFT <i>COMPLETE REVE</i>	RSE FOR MONTHLY EFT MEM	<u>BERSHIP</u>	Credit Card Payment	□Visa□	☐ MasterCard ☐ Discove
Charge: Check #	t: Cash:	Staff In	itials:	Date:	



Roseville Sports Center

Electronic Funds Transfer Automatic Payment Service Authorization Agreement

nking Info	rmation	
	PLEASE NOTE! To ensure proper bank coding of your automatic payment request YOU MUST ATTACH A BANK CHECK marked VOID which shows your complete account number.	
month u the first month, I	ze the City of Roseville to begin deductions from my account with the financial institution to f my Monthly RSC/MSIP Pass(es). My monthly fitness pass(es) will automatically be result cancelled in writing. I also understand that the City of Roseville will stop automatic of the month if I submit my cancellation by the 20 th of the prior month. If I submit after understand that I will be charged for the next month. I understand that the City of Rose	enewed each withdrawals on the 20 th of the eville and /or th
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